Under provisions of the Missouri S	Surplus Lines Law, Chapter 384, RSMo as amen	ded, thi	s report is for the two	elve (12) month period
ending December 31,	, for the insurance placed in companies no	ot admit	ted to do business in	the State of Missouri.
This report must be received before	e March 2, of the year next succeeding the year	in whicl	n the insurance was s	so procured.
ALL FIELDS REQUIRED FOR AC	CEPTANCE.			
PRODUCER NAME (LAST, FIRST, MIDDLE)			SL NUMBER	
PRODUCER RESIDENTIAL ADDRESS (STREET)				
CITY, STATE, ZIP			CONTACT NAME	
AGENCY NAME			CONTACT TELEPHONE NUMBER	
AGENCY ADDRESS (STREET)			CONTACT EMAIL ADDRESS	
CITY, STATE, ZIP				
RISK NUMBER	NAME OF INSURED		DEBIT	CREDIT
	TOTALS			
NET PREMIUMS (TOTAL DEBITS LESS O			REDITS)	
	TAX DUE ON NET PREMIUMS (5%			-
Under penalties of perjury, I declare t my knowledge and belief, it is true, or	hat I have examined this return, including accomporrect, and complete.	panying	schedules and state	ments, and to the best of
SURPLUS LINES PRODUCER'S SIGNATURE			DATE	
Mail copy of this form before Marc	h 2 nd Mail copy of th	nis form	and payment befor	re April 16 th

Fo: Missouri Department of Insurance Financial Institutions and Professional Registration PO Box 690 Jefferson City, MO 65102 To: Missouri Department of Revenue PO Box 898 Jefferson City, MO 65105-0898

MO 375-0499 (4-07) EX